Mississippi Library Commission

FY2026 LSTA REIMBURSEMENT REQUEST

PROFESSIONAL DEVELOPMENT SUBGRANT

Section 1 - SUBGRANT INFORMATION

Subgrantee:

Address: State: MS

City: Zip Code

Project Title:

Project Number: Grant Category: Professional Development

Request Number (enter **FINAL** if last request)

LSTA Award Amount

Section 2 - COMPUTATION FOR REIMBURSEMENT

Eligible Expenses (required worksheets are provided to assist)	**Prior Expenses**	**Current Expenses**	**Total Expenses**
Registration or Tuition (registration form and agenda required)			
Contract Trainer Fees			
Travel (within continental U.S.)			
Mileage			
Lodging			
Meals - Staff Member			
Meals - In-House Training			
Other (must be necessary, related to training, and justified)			
TOTALS			

Click here to go to the DFA Travel web page to view the current state mileage and meal rates.

Section 3 - LSTA REIMBURSEMENT REQUEST

Request Amount $ 0.00

Total Reimbursements Requested Amount

Remaining LSTA Project Funds

Local Funds Spent

CERTIFICATION - SUBGRANTEE: I certify to the best of my knowledge and belief that the information provided herein is true, complete, accurate, and that outlays were made in accordance with the grant agreement and payment is due and had not been previously requested nor is this request in excess of disbursement needs. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

AUTHORIZATION FOR PAYMENT - MLC: I hereby certify that the above payment has been verified and is due, correct and has not been paid previously. This payment is being made in accordance with the provisions of the grant and satisfies all statutory requirement governing this payment. All supporting documentation associated with this request is maintained at the agency.

Signature of Library System Director

Date

Signature of Certifying MLC Staff

Date